



CEDA

Community and Economic Development
Association of Cook County, Inc.

www.cedaorg.net

Auto Provider Registration Packet

CEDA's Family Support and Community Engagement



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Dear community businesses,

The Community and Economic Development Association of Cook County, Inc. (CEDA) is one of the largest private, nonprofit Community Action Agencies in the country, serving residents throughout Cook County, Illinois. **We serve more than 300,000 people and more than 150,000 households every year.**



CEDA offers a variety of programs and services in the areas of community and economic development, education, emergency assistance, employment and training, energy conservation and services, health and nutrition, and housing. We learned from our 2021 Community Needs Assessment how important dental care needs are to so many individuals and families that currently do not have the means to obtain or gain access to these services.

We invite you to partner with us in providing these vital services to the community. Your participation in this program will help reduce barriers that hinder families striving for self-sufficiency. In the process, your business will help give people hope and a chance to realize their full potential.

Please visit our website at cedaorg.net to download our Community Needs Assessment and review all the services we provide to families. Enclosed you will find more information on our Dental Care Program, policies, procedures, and a Provider Registration Packet with instructions on how to become a vendor.

Our mission is to empower individuals, families, and communities facing poverty to secure a better quality of life. We hope you will partner with us in this endeavor.

Sincerely,

A handwritten signature in black ink that reads 'Harold Rice, Jr.'.

Harold Rice, Jr.
CEO/President

Program Purpose

The purpose of CEDA Family Support and Community Engagement (FsACE) Auto Repair Program is to help Suburban Cook County residents with low incomes to get auto repair services they need to obtain or sustain employment, education, or health management. This is done by giving them access to auto repair service through a network of licensed and insured providers. The assistance provided by this program is funded by CEDA's Community Services Block Grant (CSBG).

How the Program Works

Intake

Individuals interested in CEDA FsACE programs, must complete an intake process with CEDA which determines their eligibility to receive services. Eligible customers must live within suburban Cook County and meet program income guidelines.

Referral Form Issuance

Eligible customers interested in auto repair services will receive a Referral Form from CEDA and identify a vendor of their choosing from the provider list. Customer will then schedule an estimate appointment with the provider to determine the services needed.

Estimate Appointment

During the estimate appointment, customer will present their CEDA Referral Form, valid ID, and customer contribution (if applicable) to the provider. The customer contribution is similar to a co-pay and further explained on page 10.

We ask that providers conduct a comprehensive assessment of the services needed. Auto providers must complete a ½ mile test drive and CEDA's Multi-Point Vehicle Inspection Form for every vehicle (see inspection form on page 10). Providers can bill CEDA for inspection services. A service estimate and the inspection form should be sent to CEDA to continue voucher processing.

Voucher Issuance

Once the service estimate and vehicle inspection form are sent to CEDA, a voucher will be issued to the customer for services. The voucher will indicate the services to be provided, the vendor selected, the customer contribution amount, and the approved amount for services to be paid by CEDA. (see voucher example on page 9)

1st Service Appointment

Once a customer obtains a voucher, they are required to schedule the first service appointment with the provider within 14 days.

During the first service appointment, the customer will bring their voucher, a valid photo ID, and if applicable a customer contribution or good faith effort towards the service (if not paid at the estimate appointment).

Providers must copy the photo ID provided by the customer and ensure the correct person is accessing the service. In addition, the provider will collect the customer's contribution if applicable.

At the first service appointment, the provider will perform the services approved on the voucher.

Completing Service / Billing

If necessary, the customer will schedule another appointment to complete the services. However, all voucher services must be completed within 45 days of the first service appointment date. When all services for the customer have been rendered, the provider bills CEDA (further explained on pages 12-13). Once all billing documents are submitted, CEDA pays the provider directly within 45 days.

Provider Eligibility

In order to achieve the purpose of this program, CEDA partners with auto repair providers who meet the following criteria:

- Licensed businesses in the State of Illinois
- Provide services to customers in a location within the State of Illinois
- License must be in good standing with the State of Illinois and possess a history free of disciplinary actions
- Providers must also have a minimum of three (3) years' experience

(Information on provider registration available on page 16)

Covered Services

This program issues auto repair vouchers to customers as a means to access and secure vehicle repairs. *(See voucher example on page 9)*

For this program, examples of allowable auto repairs are defined as the repair or replacement of: **(This list is not meant to be all inclusive.)**

- Tires
- Axle
- Radiator
- Windshield, windows and mirrors
- Starter
- Batteries
- Replacement of a Gas Gauge
- Catalytic Converters
- Brakes, Rotors
- Alternator
- Fuel Leaks and Lines
- Radiator
- Belts and Plugs
- Head Lights, brake Lights
- Steering Column, Ignition
- Heat

For this program, Auto Repair “Service” is defined as both labor and parts.

A customary diagnostic or estimate for services can be included with the repair costs.

The auto repairs are the **ONLY** procedures that are considered covered services for the use of a valid CEDA FsACE Auto Repair Voucher.

Under most circumstances, the voucher does not cover:

- Towing
- Storage Fees
- Deductibles
- Preventative or routine maintenance
- Non-emergency repairs/parts
- Retail parts or products
- Replacement or repair of accessories (CD Players, radios, etc.)
- Any cosmetic repairs/services

If you as the provider believe that another procedure is necessary to complete repairs, please contact the CEDA FsACE **Regional Manager** listed on the voucher to get prior approval.

Please note: The auto repair program cannot be used to pay for services that were performed before the date the voucher was issued.

Auto Repair Voucher

1. Payment for covered services can be up to \$1,000 per household (HH)

*****Vouchers are issued based on eligibility for a one-time event per person***

2. Customers must bring a valid photo identification card *and* their voucher to receive services. Please Note: A copy of the photo ID and voucher must be submitted with your invoice upon completion of services.

3. Dates of service must correspond with the dates of service indicated on the voucher. In other words, the customer must have an appointment scheduled with an auto repair provider within fourteen (14) business days of the date listed on the FsACE Auto Repair Voucher. Keep in mind that all related repairs associated with the voucher must be completed within 45 business days from the 1st appointment date.
4. The voucher issued will show the auto repair business to which it is made. All billing and invoicing will have the exact same provider information listed.
5. Only approved auto repair providers can provide services to customers through this program. Services provided by a non-approved business will **not be paid** by the customer nor CEDA.
6. If a voucher was issued incorrectly and needs to have the provider information corrected, please contact CEDA FsACE regional office to request a corrected voucher. Furthermore, approved vouchers and customer service plans cannot be revised without direct approval from CEDA FsACE management staff.
7. Service or parts must be rendered or received by the customer before CEDA FsACE auto repair assistance can make payment to the provider.
8. In cases where the customer has automobile insurance that would cover the services or repairs, any insurance must be billed PRIOR to applying the value of the voucher.
9. Vouchers are valid for individual repairs or services only and are not transferable to others.
10. If the same customer (or another household member) needs services for a different problem, that person will need to contact the CEDA FsACE Auto Repair Program to determine eligibility. If approved, a new voucher for service will be issued.

Auto Repair Voucher (EXAMPLE)



FsACE AUTO REPAIR PROGRAM VOUCHER 2023

September 14, 2023 DATE		SA-23 032 VOUCHER NO.	
5YJSA1DG9DFP14705 VIN #	Toyota MAKE	Corolla MODEL	2010 YEAR
Bill Jones AUTHORIZED RECIPIENT		ADC Auto Repair, LLC NAME OF AUTO REPAIR PROVIDER	
123 Maine Street ADDRESS		6534 Old Red Road ADDRESS	
Park Forest , IL 60466 CITY, STATE, ZIP	Richton Park CITY	IL STATE	60471 ZIP CODE
3/10/1975 CUSTOMER D.O.B.	708-795-6565 PHONE NO.	708-795-6565 FAX NO.	
773-465-6824 TELEPHONE NO.			

SERVICE DISCLAIMER

This voucher is non-transferrable and has no cash value. The authorized recipient must provide valid Driver's License with this voucher. This voucher is valid when an appointment for service is within 14 business days of the date on this voucher. All services and products must be completed within 45 business days from the first appointment date, or by December 31, 2023, whichever comes first. [Note: CEDA reserves the right to request an earlier completion date if required by the funding source]. The voucher can only be used for the authorized provider listed above. The FsACE Auto Repair Program will authorize up to \$1,000 per household for allowable auto repair services, however each household member will have a separate voucher. There is only one authorized service recipient per voucher. All costs beyond the value of this voucher are the responsibility of the service recipient and must be collected by the provider prior to submitting this voucher for payment. CEDA FsACE has referred the service recipient, but does not assume responsibility or liability for the auto repair service that may be provided. Utilization of this voucher is deemed acceptance of this release of liability by the service recipient and/or provider.

For program service questions or allowable service/costs please contact Region team at or email your questions to csbgVendorinfo@cedaorg.net. Upon completion of the service, please submit the billing invoice along with a digital image of the original voucher and the customer's Driver's License to CSBGINVOICE@CEDAORG.NET

SERVICE REQUESTED by Specialist, Eleanor Smith Remote	Approved Voucher Amount Not to Exceed
Bill Jones is in need vehicle repair for new tires and brakes.	\$1,000.00

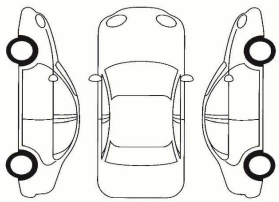
BEFORE repairs are started, the customer must pay the Customer Contribution of

\$25.00

I certify that the above service request meets the authorized criteria for services as outlined by the CEDA FsACE Auto Repair Program and that the service event is new and has not been previously completed by another automobile repair provider.

<i>Isreata Miller</i>	9/14/2023
CEDA FsACE Regional Manager,	DATE
Telephone Number 312-588-1538	Email: sample@cedaorg.net

Vehicle Inspection Form

FsACE TRANSPORTATION ASSISTANCE PROGRAM MULTI-POINT VEHICLE INSPECTION									
Customer Name: _____									
Vehicle Year/Make/Model: _____									
VIN #: _____					Mileage: _____				
Test Drive (Minimum 1/4 mile test drive required for all vehicles) Observations: <i>(including engine performance, road handling, braking, steering/alignment, transmission, shocks/suspension, road noise, and tire balance.)</i>					Exterior Inspection <i>Please indicate areas of exterior damage or wear</i> <div style="text-align: center;">  </div>				
Battery Performance Checked and OK May Require Attn. Soon Requires Immediate Attn.		Interior/Exterior Head Lights, Tail Lights, Brake Lights, Turn Signals, Hazard Lights, Exterior Lamps Windshield Washer Spray, Wiper Operation, Wiper Blades, Windshield Condition Parking Brake Horn Operation Air Filters			FLUID LEVELS Engine Oil Brake Fluid Transmission Coolant Power Steering		OK REQUIRES ATTENTION OK REQUIRES ATTENTION		
Tire Condition Checked and OK May Require Attention Soon Requires Immediate Attention Rotation Needed? Alignment Needed? Balancing Needed?		Brake Condition Checked and OK May Require Attention Soon Requires Immediate Attention Notes:		FRONT LEFT FRONT RIGHT REAR LEFT REAR RIGHT		FRONT LEFT FRONT RIGHT REAR LEFT REAR RIGHT			
SYSTEM CHECKS Fuel System Brake System Exhaust System Electrical System Steering / Suspension Belts/Hoses/Mounts Transmission/Drive Axle		Checked and OK May Require Attention Soon Requires Immediate Action		Comments					

Page 1

FsACE TRANSPORTATION ASSISTANCE PROGRAM MULTI-POINT VEHICLE INSPECTION			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid red; padding: 2px; color: white; font-weight: bold;">STOP</div> CRITICAL OBSERVATIONS <div style="border: 1px solid red; padding: 2px; color: white; font-weight: bold;">STOP</div> </div>			
Is the engine in need of repair or replacement?		YES	NO
Is the transmission in need of repair or replacement?		YES	NO
Does the vehicle have water damage?		YES	NO
URGENT PROVIDER NOTE: If you answered YES to any of the three questions above, DO NOT REPAIR the vehicle, please advise the customer to return to CEDA for further instructions.			
ENGINE LIGHT OBSERVATION If engine light is on, will the cost of removing all codes exceed the voucher amount?			
		YES	NO
Are repairs related to clearing engine codes the most urgent and critical safety concern?		YES	NO
PROVIDER SERVICE RECOMMENDATIONS <i>Please list safety repairs in the order of urgency and include costs associated.</i>			
Name of Vehicle Repair	Part Number(s)	Cost of Parts	Labor Cost
1)		\$	\$
2)		\$	\$
3)		\$	\$
4)		\$	\$
5)		\$	\$
6)		\$	\$
7)		\$	\$
8)		\$	\$
9)		\$	\$
10)		\$	\$
TOTAL		\$	
Additional Provider Comments: <div style="height: 40px; border: 1px solid black;"></div>			
<i>Thank you for being a provider in CEDA's FsACE Transportation Assistance Program. We appreciate your partnership.</i>			

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Service Expiration / Void or Closed Vouchers

(TIME SENSITIVE)

1. All 1st appointments must be made within 14 business days of the date on the voucher
2. All services must be completed within 45 business days from the 1st appointment date, or the end of the calendar year, whichever comes first.
3. If the customer fails to make an appointment within 14 business days from the voucher issuance date, the voucher is void and cannot be used (please refer customer back to CEDA FsACE).
4. If the customer fails to make a scheduled appointment and does not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to CEDA FsACE.

Customer Contribution

All customers are required to provide a modest financial contribution towards their services before the financial assistance from a program can be applied. This customer contribution is similar to a co-pay and must be collected by the auto repair provider at the time of service. The customer contribution amount will be listed on the auto voucher. In some instances, this amount may be zero.

The customer's payment must be reflected on the provider's invoice for services.

Fees for Services

CEDA FsACE Auto Repair Program encourages the use of sliding scale fees for services, when possible, for those that are income eligible according to the auto repair provider's own fee policy. We track and appreciate these contributions as they allow the program to assist more qualified recipients in suburban Cook County.

An auto repair provider will be expected to utilize their usual and customary fee structure if a sliding scale does not exist. CEDA FsACE Auto Repair Program requests that providers honor any coupons, discounts or advertised specials they offered at the time of service for covered services prior to applying the value of the voucher.

Billing for Services

Please read the voucher carefully. The voucher indicates that the customer is responsible for the portion of the repairs that exceeds the amount listed on the voucher. Please be mindful that we serve low-income families. It is not in the best interest of the customer or the auto provider to exceed the voucher amount. Keep in mind that excessive payment arrangements can create a financial hardship for our customers.

Any agreed upon payment plan between the provider and customer for more than \$300.00 over the voucher amount **must get prior approval** from FsACE. The payment arrangement and approval must be submitted with the original invoice and voucher for processing.

When submitting billing for payment, please indicate the customer's contribution or other payment on the invoice billing the same way you report a payment by another insurance carrier.

- **Please submit only one (1) invoice per customer.**
- **Invoices must be submitted within (30) business days from the completion of the work.**

If you are discounting services or providing a service at no cost, please indicate this on the invoice as well, so we can capture the actual cost and all discounted or donated services.

Billing invoices submitted for non-covered services will be denied and the individual may not be billed for these services.

If the customer fails to make an appointment within 14 business days from the voucher issuance date, the voucher is void and shouldn't be used (please refer client back to CEDA FsACE).

If the client fails to make a scheduled appointment and does not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to the CEDA FsACE Auto Repair Program.

Customers must present their **voucher** and a **valid photo ID** to get services. Providers must **copy the customer's ID** and **retain the original voucher** to submit with the invoice for payment. CEDA cannot pay for services rendered without a voucher.

The date of service and itemized eligible services rendered must exactly match the corresponding information on the voucher.

Any additional services provided for the customer that are not covered by the voucher should be billed directly to the customer, separate from the procedures being billed to the CEDA.

How to Bill for Services

To submit billing, the provider will email the following documents to **csbginvoice@cedaorg.net**

1. Auto Repair Voucher
2. Copy of customer's valid ID (*provided at the time of service*)
3. Any payment arrangement agreement (*if applicable*)
4. Billing Invoice (*please note customer GFE if applicable*)

Billing that is mailed or faxed will not be processed.

Sending invoice documentation to an email other than **csbginvoice@cedaorg.net** will significantly delay payment processing.

Billing is processed quickly by CEDA. As long as your billing is prepared as described above and emailed to **csbginvoice@cedaorg.net** payment can be expected within 30 to 45 days.

All invoices must be submitted no later than 30 business days from the date of completed service.

Referrals

Referring Customers to Auto Repair Specialists

If the customer requires a referral to an auto repair specialist, the provider will need to provide that referral in writing to the customer with all the specialist contact information. The customer will need to notify the FsACE Auto Repair Program to secure an additional voucher to be used with the specialist.

Referring Customers to Auto Providers

CEDA does not make direct referrals to any business, but rather offers customers an option to choose from a directory of providers willing to participate in our program or a provider of their choosing, who has submitted the necessary documents to become an approved provider.

Referring Customers to CEDA

We welcome customer referrals from service providers. If you would like to refer an individual or household to the CEDA FsACE Auto Repair Program, please see the service locations and contact information listed below.

Contact Information

In addition, if there are any questions regarding **voucher or payment processing**, please contact the appropriate FsACE regional office, see the contact information listed below.

North Suburbs CEDA One-Stop

2300 Main Street
Evanston, IL 60202
Office: (847) 328-5166 ext. 5416

West Suburbs CEDA One-Stop

6141 West Roosevelt Road
Cicero, IL 60804
Office: (708) 222-3824 ext. 4831

South Suburbs CEDA One-Stop

53 East 154th Street
Harvey, Illinois 60426
Office: (708) 371-1220 ext. 3057

If there are any questions regarding **program policies and procedures**, please contact the manager below.

Angel Smiley, Senior Program and Contracts Manager

(708) 630-9830
csbgvendorinfo@cedaorg.net

Provider Registration

Providers interested in participating in the program would submit the following documents via email to **sfreeman@cedaorg.net**.

- 1. Provider Registration Form** (see page 17)
- 2. Statement of Understanding** (see page 18)
- 3. W9 Form** (see page 19)
- 4. Vendor Add Form** (see page 20)
- 5. Current Business License**
- 6. General Liability Insurance**

**W9 and Vendor Add Forms are needed to process payments*

Upon receipt and review of the documents, providers will receive notification of their status within one to two weeks. Approved providers will be added to our provider list, which is given to each customer to select a provider.



2024 AUTO REPAIR PROVIDER REGISTRATION FORM

Please print legibly. This information will be entered on the provider list.

LEGAL BUSINESS NAME: _____

NAME OF BUSINESS (if legal name is different): _____

BUSINESS LICENSE# _____ CITY/VILLAGE OF REGISTRATION: _____ FEDERAL ID# (TIN) _____

NAME OF OWNER: _____

NAME OF MANAGER: _____

STREET ADDRESS: _____

CITY _____ ZIP CODE: _____

COUNTY: _____ ☐ MULTIPLE LOCATIONS (please submit a separate form for each location that will participate.)

TELEPHONE NUMBER: _____ FAX NUMBER: _____

WEBSITE: _____

EMAIL: _____

REPAIR SPECIALITY: _____

LANGUAGES SPOKEN: _____

HOURS OF OPERATION: (Please indicate the specific times your business opens and closes)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

METHOD OF PAYMENT ACCEPTED:

☐ CASH ☐ PERSONAL CHECK ☐ MONEY ORDER ☐ VISA ☐ MASTERCARD ☐ AMEX

☐ THIRD PARTY DRAFT (INSURANCE CO.) ☐ OTHER: _____

Would you like to limit the amount of referrals made to your business? ☐ YES* ☐ NO

* If yes, please indicate the limit: _____ per month _____ per year

Contact information for the manager of this location:

Name: _____ Phone: _____ Email: _____

Contact information for the administrator of accounts receivable:

Name: _____ Phone: _____ Email: _____



2024 PROVIDER STATEMENT OF UNDERSTANDING

I, _____ certify that I have read the attached
(Provider Name) and (Name of Practice or Business)

Provider Registration Packet and understand and will comply with all program policies and procedures including the following;

_____ (Please initial here as your acceptance to all of the following)

1. Billing Procedures and Timelines

- Billing packets must contain all supporting documentation, including a copy of the customer's ID, customer voucher (retain a copy for your records), invoice, and if applicable, an approved payment arrangement.
- A Customer Contribution, which is similar to a co-pay, must be collected by the provider before the financial assistance of this program can be applied. Additionally, the customer's payment must be reflected on the provider's invoice for services.
- Invoice must be submitted within 30 days of service completion. Only one (1) invoice per voucher is accepted.

2. Vouchering Policies and Procedures

- An appointment must be made within 14 days of the voucher date.
- The service must be completed within 45 days of the first appointment date.
- The service must comply with the estimate or service plan.
- For void and closed vouchers, see program guidelines.

3. Approval Guidelines

- If service is anticipated to exceed beyond the (45) day time-frame, you must have an approved CSBG Extension of Service Authorization from CSBG on file.
- If service costs exceed voucher amount, follow program specific guidelines.

I understand that failure to comply with all program policies and procedures included in the Provider Registration Packet, may result in non-payment for services and/or termination of program partnership.

(Printed Name)

(Date)

(Signature)

SIGN HERE

Please note: This form must be completed for each doctor or business owner registering for the program.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Community and Economic Development Association
Of Cook County, Inc.

Vendor Add/Change Form

This information will be used by CEDA to process vendor payments. Failure to provide the requested information may delay or prevent the receipt of payments. If you are a new vendor, a signed W-9 form should accompany this form. If Action Requested is "Change", please note the reason for the change.

Action Requested (check one)

NEW

CHANGE

CANCEL

If "Change" is selected, note reason for change:

Vendor Information

VENDOR NAME:

VENDOR ADDRESS:

Contact Information

PRIMARY CONTACT NAME:

E-MAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

Vendor Mailing Address

COMPANY NAME:

STREET:

CITY, STATE, AND ZIP:

Remittance Address (if same as Mailing leave blank)

COMPANY NAME:

STREET:

CITY, STATE, AND ZIP:

Vendor Authorization

SIGNATURE:

SIGN HERE

TITLE:

DATE:

*** For CEDA Use Only ***

UPDATED BY:

DATE:

VALIDATED BY:

DATE: